

December 28, 2008

Mr. Kerry Weems  
Acting Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, Maryland 21244

Reference file code CMS-1403-FC

Dear Acting Administrator Weems:

The following are key concerns that must be immediately addressed in regards to CMS-1403-FC:

The unmanageable and unreasonable requirement that an oxygen provider must arrange continued care for a patient on oxygen therapy who moves out of the oxygen provider's service area, including moves to a distant region of the country, after monthly payments cap beginning on January 1, 2009;

Inadequate reimbursement for routine maintenance and service of the oxygen system, which ensures that the system is working at an optimal level. The CMS rule allows for only two thirty (30) minute maintenance checks per year allowing only between \$15-\$30 per visit;

CMS does not recognize any costs associated with visiting patients who require episodes of unscheduled emergency services. CMS indicates that equipment is reliable during its reasonable useful lifetime (five years) and that any unscheduled visits to the patient's home between months 37 to 60 are covered by the monthly rental/service rate paid to the provider between months 1 to 36.

Oxygen equipment manufactures require servicing of the equipment on a regular basis. Anywhere from every 90 days to once a year. Our accrediting bodies require us to perform this maintenance according to manufacturer's guidelines. To only pay for this service once in 2009 does not meet the expectations of the manufacture or the accrediting agencies! And on top of this CMS is mandating in 2009 all HME providers to be accredited in order to bill Medicare! And yet we will be violating those accrediting bodies policies if we follow the new guidelines set forth for 2009 by CMS!

We ask you and CMS to please listen to the concerns presented above and to stop this from going into effect 1/1/09!

Sincerely,